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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/748315

APPLICATION AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEES (\$)
BASIC FEE (37 CFR 1.16(e), (b), or (c))				
SEARCH FEE (37 CFR 1.16(m), (l), or (m))				
EXAMINATION FEE (37 CFR 1.16(e), (p), or (q))				
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*	x 25 =	x 50 =
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*	x 100 =	x 200 =
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))			1180	360
* If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	TOTAL

* If the difference in column 1 is less than zero, enter '0' in column 2.

TOTAL

1051

APPLICATION AS AMENDED – PART II

(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(j))	17	Minus	20		x 25 =		OR	x 50 =	
	Independent (37 CFR 1.16(h))	3	Minus	3		x 100 =		OR	x 200 =	
Application Size Fee (37 CFR 1.16(s))						+ 180		OR	+ 360	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

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		(Column 1)		(Column 2)		(Column 3)				
AMENDMENT B	Value	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)			
	Total (37 CFR 1.16(j))	17	Minus	20	=	x 25 =		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Independent (37 CFR 1.16(n))	3	Minus	3	=	x 10 =		x 50 =		
	Application Size Fee (37 CFR 1.16(s))					+ 180		x 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					TOTAL ADD'L FEE		+ 360		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information will be used for agency operations and is mandatory for processing your application. You are not required to provide the information, but if you do not, your application may be delayed or rejected.

- If the entry in column 1 is less than the entry in column 2, write "0" in column 2.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the **Highest Number Previously Paid For IN THIS SPACE** is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

Collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which HQ is assessing an application. See 37 CFR 1.16.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.